



# Mandatory Blood Lead Screening Questionnaire

## To be completed at each KBH screen from 6 to 72 months

<b>Does your child:</b> (circle response received)	DATE: (MM/DD/YYYY)						
<b>1) Live in or visit a house or apartment built before 1960?</b> (This could include a day care center, preschool, the home of a baby-sitter or relative, etc.)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
<b>2) Live in or regularly visit a house or apartment built before 1960 with previous, ongoing, or planned renovation or remodeling?</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
<b>3) Have a family member with an elevated blood lead level?</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
<b>4) Interact with an adult whose job or hobby involves exposure to lead?</b> (Furniture refinishing, making stained glass, electronics, soldering, automotive repair, making fishing weights and lures, reloading shotgun shells and bullets, firing guns at a shooting range, doing home repairs and remodeling, painting/stripping paint, antique/imported toys, and/or making pottery)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
<b>5) Live near a lead smelter, battery plant, or other lead industry?</b> (Ammunition/explosives, auto repair/auto body, cable/wiring striping, splicing or production, ceramics, firing range, leaded glass factory, industrial machinery/equipment, jewelry manufacturer or repair, lead mine, paint/pigment manufacturer, plumbing, radiator repair, salvage metal or batteries, steel metalwork, or molten (foundry work))	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
<b>6) Use pottery, ceramic, or crystal wear for cooking, eating, or drinking?</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
<b>One positive response to the above questions <u>requires</u> a blood lead level test. Please, remember blood lead level tests are required at 12 and 24 months, regardless of the score. Was blood drawn for a blood lead level test?</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No
<b>Interviewing Staff Initials:</b>							

**Staff Signature:**


**Patient Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_